

AMANI MASHINANI YOUTH INITIATIVE (AMYI)

APPLICATION FORM

APPLICANT DETAILS

Name

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Title* First* Second* Surname*

Residential Area: Personal Contacts:

Institution: Profession/Talent:

I, _____, hereby apply to become a member of Amani Mashinani Youth Initiative (AMYI). If accepted, I confirm that I shall abide by all the rules and regulations of AMYI.

Date: _____ Signature _____

PARENT/GUARDIAN DETAILS

Name of Parent/Guardian: Personal Contact:

I, _____, being the parent/guardian of _____, hereby approve this application. I confirm that if accepted, I shall endeavor to assist him/her abide by all the rules and regulations of AMYI.

Date: _____ Signature _____

REFEREE DETAILS (VILLAGE ELDER, BALOZI NYUMBA KUMI, RELIGIOUS LEADER)

I, _____, certify that the above mentioned applicant is a resident of my area. I confirm that he/she will adhere to the rules and regulations of Amani Mashinani Youth Initiative (AMYI).

Date: _____ Contacts: _____ Signature: _____

OFFICIAL AUTHORIZATION

Chief's Name: _____

Jurisdiction of working area/location: _____

Signature: _____ Stamp: _____

Supported by:



Norwegian Embassy

For more information contact